Young Women's Health Issues

Adolescence represents a dynamic, developmental period when young women make important choices about lifestyle behaviors, including diets, physical activity, sexual activity, and use of tobacco, alcohol, and other drugs that can influence their health and well-being throughout adulthood.[1] Many health behaviors are learned during this important time in women's lives and often carry into adulthood. These behaviors can have a profound impact on the quality of life for women, both physically and mentally. Reaching this vulnerable population with positive health messages can improve the lives of adult women in the years to come.

In 1998, Kentucky's youth ranked 36th nationally for overall well-being, according to the 2001 KIDS COUNT Data Book published by the Annie E. Casey Foundation. This ranking, up from 40th for the previous year, is based on a composite index of key child well-being indicators and reflects improvements in several key areas for Kentucky's youth. (Fig. 1) Kentucky saw a decline in infant, child and teen mortality rates from 1990 to 1998 as well as declines in teen dropouts and teens not attending school. Kentucky's teen birth rate also dropped significantly during the same period from 41 to 31 births per 1,000 teens.

In 1999, 25.7 percent of United States residents were under 18 years of age, the same rate as in 1990. In Kentucky in 1999, children under 18 comprised 24.6 percent of the population, down 4.9 percent from 1990.[2] In 1990, Kentucky ranked 26th in the number of youth under 18 and in 1999, ranked 41st.[3]

The decline in the youth population in Kentucky, while markedly steep during the

Figure 1.
Profile of Selected Child Well-Being Indicators for Kentucky, 1990-1998

Selected Indicators of Child Well-Being	1990	1998
Child Death Rate (deaths per 100,000 children ages 1-14	29	26
Rate of teen deaths by accident, homicide, and suicide (rate per 100,000 teens ages 15-19)	75	62
Teen Birth Rate (births per 1,000 females ages 15-17)	41	31
Percent of teens who are high school dropouts (ages 16-19)	12%	11%
Percent of teens not attending school and not working (ages 16-19)	14%	10%
Percent of children in poverty (data reflect poverty in the previous year)	25%	23%

SOURCE: 2001 KIDS COUNT Data Book Online, Profile for Kentucky at **www.aecf.org**

1980s, stabilized during the 1990s. However, for youth aged 15 – 19, the percent increase during the 90s was very small, at less than one percent.[4] (Fig. 2)

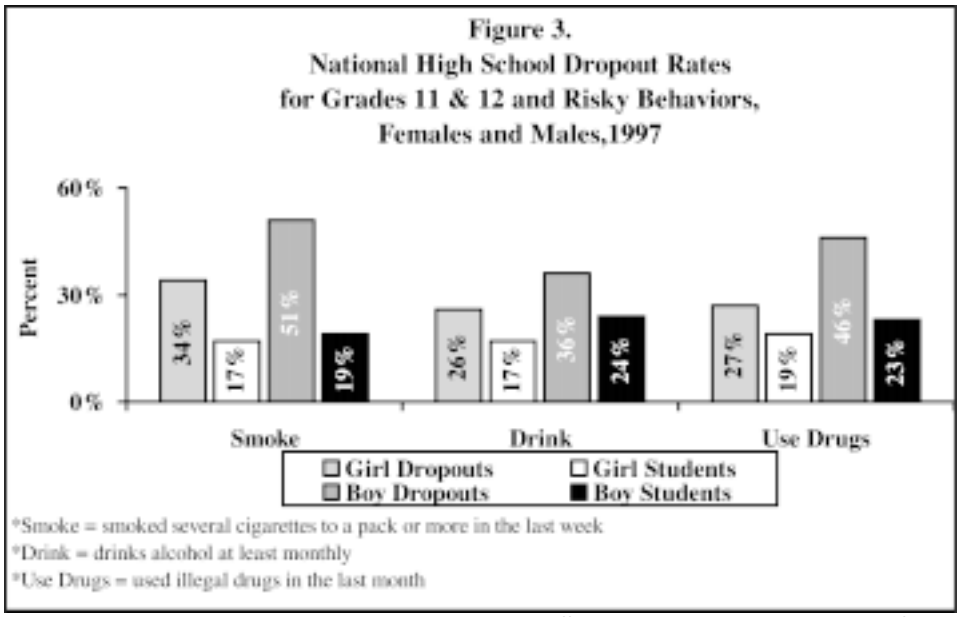
Unlike children nationally, Kentucky's youth live in a predominately homogenous environment. For children under 18 years of age, 86 percent are white, with only 9 percent black and two percent Hispanic. Nationally, 61 percent of children under 18 are white, 15 percent are black, and 17 percent are Hispanic.[5] In Kentucky, the total population grew 9.7 percent from 1990 to 2000, while the Hispanic/Latino proportion of the population grew 172.6 percent, with youth and young adults making up the majority of growth.[6]

While the diversity of Kentucky is increasing, it is happening at a slower pace than nationally. It is projected that by the year 2050, Hispanic, African American, American Indian, and Asian adolescents will constitute 56 percent of the adolescent population nationally.[7]

Figure 2.
Youth and Young Adult Population of Kentucky by Age
1980, 1990, & 2000

Age	1980	%	1990	%	2000	%	% Change 1980-1990	% Change 1990-2000
< 5	282,731	7.7	254,640	6.9	265,901	6.6	-9.9	4.4
5-9	289,411	7.9	265,412	7.2	279,258	6.9	-8.3	5.2
10-14	301,745	8.2	274,838	7.5	279,481	6.9	-8.9	1.7
15-19	354,439	9.7	286,438	7.8	289,004	7.2	-19.2	0.9
20-24	346,119	9.5	278,821	7.6	283,032	7.0	-19.4	1.5

SOURCE: U.S. Census Data, 2000



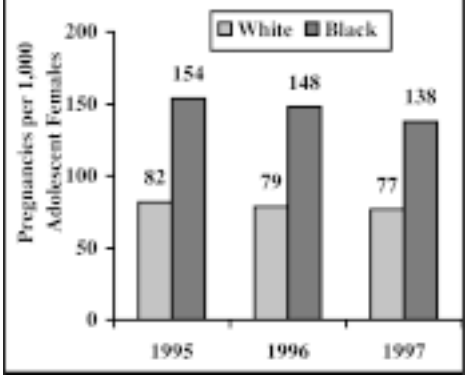
SOURCE: The Commonwealth Fund Survey & E.A. Cooner, A. Duffett, A. Schulz, and S. Amorosi, Survey of the Health of Adolescent Girls (New York: Louis Harris & Associates, Inc., 1997)

Education

Education levels are strong predictors of one's health throughout the lifespan. Girls who have academic problems or who drop out of high school are more likely than other girls to engage in risky behaviors. The Commonwealth Fund reported that high school dropouts smoke, drink, and use drugs more often than their peers in high school. In contrast, adolescents, whose parents make their expectations of school achievement clear, are less likely to engage in risky behaviors. Strong, positive family and school bonds are associated with good health habits, good school performance, and low rates of smoking and other health-compromising behaviors.(Fig. 3) A similar association has been shown between parental disapproval of early sexual activity and the postponement of adolescent sexual relationships.[8]

Dropout rates for high school females in Kentucky, range from three to five percent. Male dropout rates are higher than females, ranging from five to seven percent through the high school years.[9]

Figure 4.
Teen Pregnancy Rates for Ages 15-19, by Race, Kentucky, 1995-1997



SOURCE: CDC / Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000 / Vol. 49, No. 27, Table 3

Teen Pregnancy

Teen pregnancy (calculated as the sum of births, miscarriages, stillbirths and abortions) and teen births are on a downward trend both nationally and in Kentucky. Each year in the U.S., between 800,000 to 900,000 adolescent females under age 19 become pregnant. Adolescent pregnancy and childbearing have been associated with adverse health and social consequences for young women and their children.[10]

Nationally, among racial and ethnic groups, declines in pregnancy rates vary considerably. Rates among black women aged 15-19 fell 20 percent between 1990 and 1996 and fell 16 percent among white teenagers for the same period. Hispanic women of any race, realized an increase in pregnancy rates from 1990 to 1992, but then fell 6 percent by 1996. Hispanic women had the highest rate of teen births nationally in 1998, with 93.6 births per 1,000 adolescent females. African-American adolescents and American Indians had the second and third highest rates with 88.2 and 72.1 respectively. White adolescents had a rate of 35.2 with Asian adolescents having the lowest rate at 23.1.[11]

Kentucky teen pregnancy rates are higher among black adolescents than white, though dropping for both races. From 1995 to 1997, pregnancy rates for white teens dropped from 82 pregnancies per 1,000 adolescents to 77. Rates for black adolescents dropped from 154 pregnancies per 1,000 adolescents to 138 for the same period. (Fig. 4)

From 1995 to 1997, among females aged 15-19 years, the national number of pregnancies declined by 3.1 percent and the national pregnancy rate declined by 7.8 percent.[12] (Fig. 5)

Nationally and in Kentucky, teen pregnancy rates are higher among 18-19 year olds than 15-17 year olds. However, rates for both age groups are declining. Kentucky's teen pregnancy rate for 15-17 year olds declined from 56 pregnancies per 1,000 adolescents in 1995 to 49 in 1997, representing a 12.5 percent decline. For 18-19 year olds in Kentucky, the pregnancy rate dropped from 138 to 131 during

Figure 5.
Estimated Number of Pregnancies* and Rates+ Among Adolescents, by Age, United States, 1995 – 1997

	Estimated No. of Pregnancies				Pregnancy Rate			
Year	<15	15-17	18-19	15-19	<15	15-17	18-19	15-19
1995	26,600	342,100	525,000	**867,100**	7.2	63.9	151.4	**98.3**
1996	25,400	332,500	526,700	**859,200**	6.8	60.5	147.8	**94.8**
1997	23,700	321,300	518,800	**840,000**	6.4	57.1	142.7	**90.7**
% Change								
1995-1997	-11.1%	-6.1%	-1.2%	**-3.1%**	-11.3%	-10.7%	-5.8%	**-7.8%**

*Rounded to the nearest 100.
+Per 1,000 adolescent females in the appropriate age group.

SOURCE: CDC / Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000 / Vol. 49, No. 27, Table 1

the same period, representing a five percent decline.[13] (Fig. 6)

Teen Births

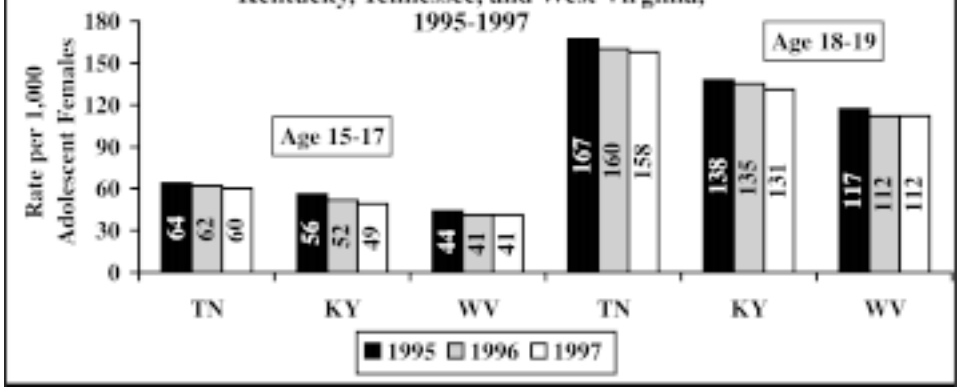
Nationally, the teen birth rate in 1999 was 50 births per 1,000 adolescent girls aged 15 to 19, compared to 56 births per 1,000 to Kentucky adolescents of the same ages. Though Kentucky's teen birth rate is higher than the national rate, our state has experienced a greater decline since 1990, dropping from 68 births per 1,000 adolescent females to 56 in 1999, representing an 18 percent decline, versus a 17 percent decline nationally (from 60 births per 1,000 to 50).[14] (Fig. 7)

On an average day in Kentucky, there are 22 births to teens. The youngest female to give birth in 1999 was 13 years old.[15]

Like pregnancies, Kentucky's birth rate for ages 15 – 19 is higher among black adolescents than whites, 88.3 births per 1,000 adolescents for black adolescents versus 54 for white (1998). (Fig. 8)

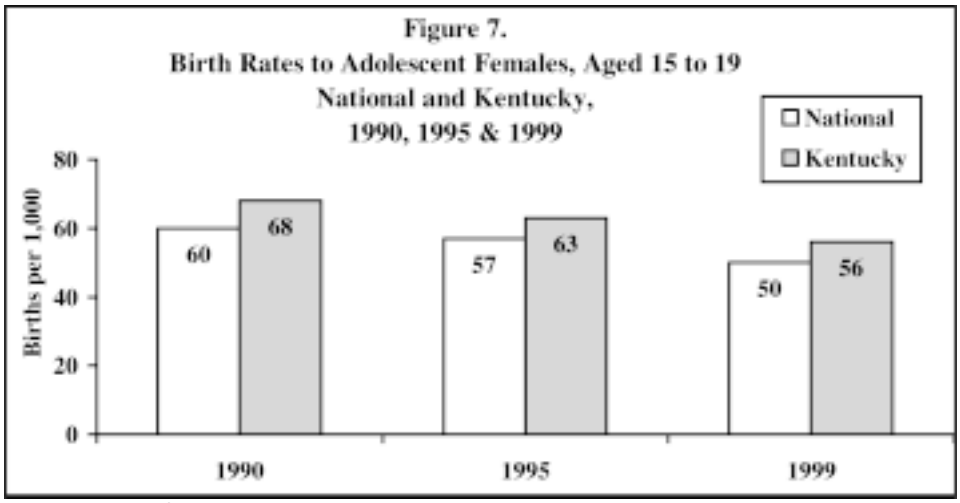
Awareness about teen pregnancy and births has been growing since the early 1990s and many Kentucky communities have initiated efforts through their local schools, health departments, and community organizations to reduce teen pregnancy. Two Kentucky programs have partnered with health department health educators and nurses, in local schools to work together on the "Postponing Sexual Involvement" (PSI) curriculum in middle schools and the "Reducing the Risk" curriculum in high schools. These two programs are now being taught in 87 Kentucky counties in more than 300 schools. It is estimated that more than 70 percent of Kentucky's middle school students now receive the PSI program.

Figure 6.
Pregnancy Rates Among Adolescent Females, Ages 15-19, Kentucky, Tennessee, and West Virginia, 1995-1997



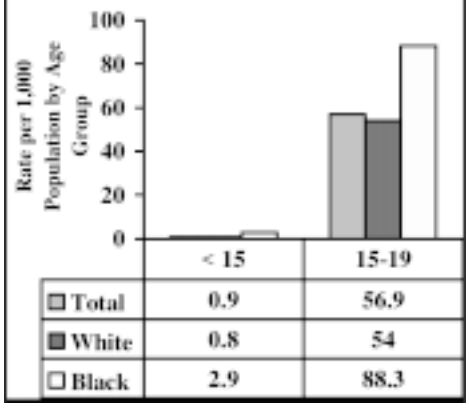
SOURCE: CDC / Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000 / Vol. 49, No. 27

Figure 7.
Birth Rates to Adolescent Females, Aged 15 to 19
National and Kentucky,
1990, 1995 & 1999



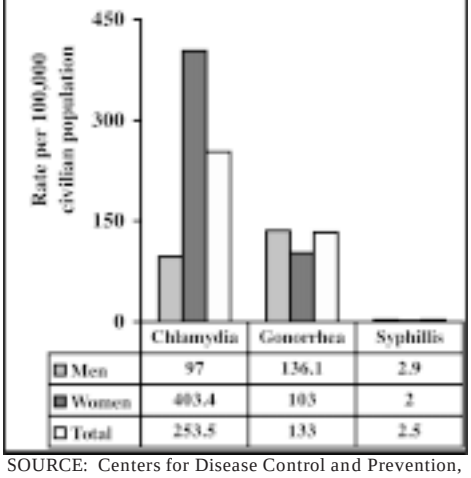
SOURCE: Cabinet for Health Services – Adult & Child Health, 1999 State Teen Pregnancy Prevention Policies and Programs by State

Figure 8.
Live Birth Rates by Age of Mother and Race, Kentucky, 1998



SOURCE: Cabinet for Health Services – Adult & Child Health, 1999 State Teen Pregnancy Prevention Policies and Programs by State

Figure 9.
Rate of Sexually Transmitted Diseases, by Type, United States, 1999



	Chlamydia	Gonorrhea	Syphilis
Men	97	136.1	2.9
Women	403.4	103	2
Total	253.5	133	2.5

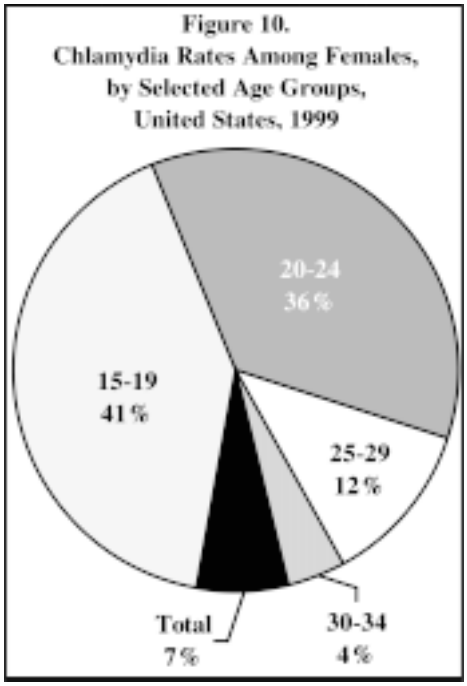
SOURCE: Centers for Disease Control and Prevention, Sexually Transmitted Diseases Surveillance, 1999

During the year 2000, 26 Kentucky counties were awarded federal abstinence education grants. In addition, 47 counties have been awarded funding to conduct the pre-teen PSIP in the 6th grade.[16]

Sexually Transmitted Diseases (STDs)

Women, by far, bear the greatest burden of STDs in the U.S. (Fig. 9) The most serious STDs among women are chlamydia, gonorrhea, and Human Papillomavirus (HPV). Left untreated in women, both chlamydia and gonorrhea can lead to infertility, potentially fatal tubal pregnancies, and chronic pelvic pain. Likewise, if not diagnosed and treated in time, during pregnancy, gonorrhea and chlamydia can result in serious health problems for infants. Women infected with chlamydia or gonorrhea are much more likely to be infected with Human Immunodeficiency Virus (HIV), if exposed.[17] Also, women who smoke and have HPV are at high risk for cervical cancer.[18]

Figure 10.
Chlamydia Rates Among Females, by Selected Age Groups, United States, 1999



SOURCE: Centers for Disease Control and Prevention, Sexually Transmitted Diseases Surveillance, 1999

Teens are at high behavioral risk for acquiring most STDs. One in eight teenagers contracts an STD each year, and more than 80 percent of all STD cases occur among individuals under 29 years of age.[19] Teenagers and young adults are more likely than other age groups to have multiple sex partners, to engage in unprotected sex, and for young women, to choose sexual partners older than themselves. Moreover, young women are biologically more susceptible to chlamydia, gonorrhea, and HIV.[20]

Chlamydia and Gonorrhea

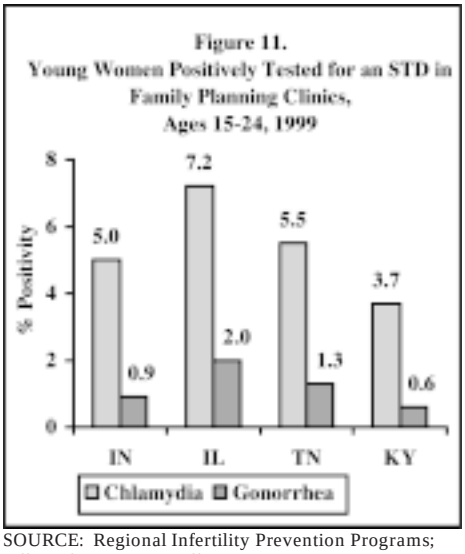
Chlamydia is the most frequently reported infectious disease in the United States. Though a total of 582,207 cases were reported nationally in 1999, an estimated 3 million cases occur annually. Severe under-reporting is largely a result of infections not identified because screening is not available.[21] From 1986 through 1999, among men and women nationally, reported rates of chlamydia increased from 35.2 cases per 100,000 population to 254.1 cases per 100,000 population.

Chlamydia rates among women far exceed those of men. In 1999, the reported rate of chlamydia for women was 403.4 per 100,000 females, substantially exceeding the rate for men which was 97 per 100,000 males. Much of this disparity is due to increased detection of asymptomatic infection in women through screening. As many as 1 in 10 adolescent girls tested for chlamydia is infected. [22]

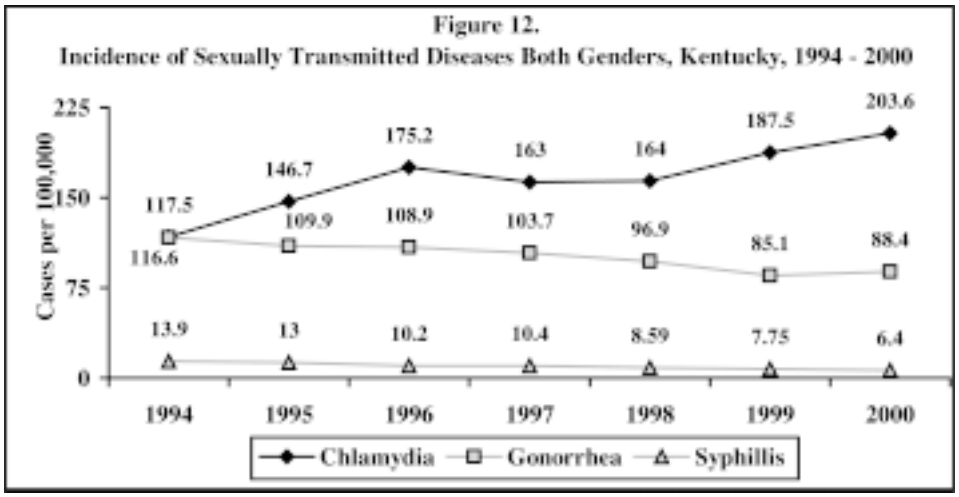
Girls aged 15 – 19 have the highest rates of chlamydial infection. For all states reporting chlamydia infections to the CDC, 15- to 19-year-old girls represent 41 percent of infections and 20- to 24-year-old women represent another 36 percent.[23] (Fig. 10)

In Kentucky, fewer women tested positive for STDs in family planning clinics than women in surrounding states. (Fig. 11) For 1999, 3.7 percent of Kentucky women tested at family planning clinics tested positive for chlamydia. Though increased screening can partially explain the increased incidence of chlamydia, screening rates in Kentucky have held fairly constant since 1998. Annually, for years 1998 – 2000, approximately 80,000 female chlamydia screenings occurred at local health departments, with the majority of those screened aged 15 to 24.

The overall incidence of chlamydia in Kentucky has grown from a rate of 117.5 per 100,000 population in 1991 to 203.6 in 2000.[24] In contrast, the incidence of gonorrhea in Kentucky has dropped from a rate of 116.6 per 100,000 population in 1994 to 88.4 per 100,000 population in 2000 (cases include both males and females of all ages).[25] (Fig. 12)



SOURCE: Regional Infertility Prevention Programs; Office of Population Affairs, Local and State STD Control Programs; Centers for Disease Control and Prevention, 1999

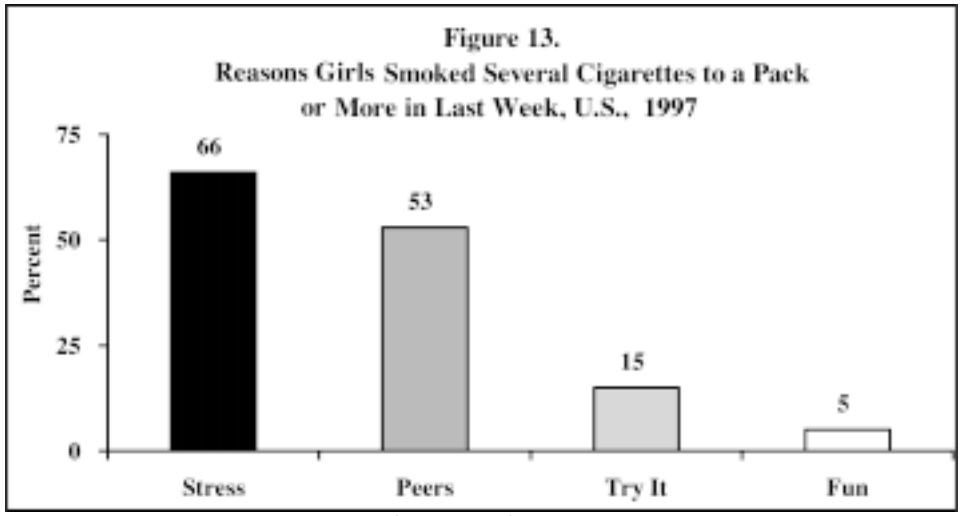


SOURCE: Kentucky Sexually Transmitted Disease Project, 2000

Smoking

Young women in Kentucky have one of the highest rates of smoking in the country. According to the 2000 Kentucky Youth Tobacco Survey, both male and female middle school and high school students smoking rates greatly surpassed national totals (see Chapter 5 *Tobacco Use and Smoking Related Illnesses)*. In Kentucky, 39 percent of high school females reported smoking cigarettes in the prior month; 36 percent of high school boys reported smoking in the prior month. More middle school boys than girls reported smoking in the prior month, 22 percent versus 21 percent respectively. Nationally, 29 percent of boys and girls in high school and only 9 percent in middle school smoked in the prior month.

In a national survey sponsored by The Commonwealth Fund in 1997, girls who smoked were asked why they smoked. The majority, 47 percent said it



SOURCE: The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997

was to help relieve stress.[26] Other reasons frequently given included, they were around people who smoke all of the time (46 percent); because they wanted to experiment (35 percent); and because their friends encouraged them to smoke (20 percent). Wanting to be cool was not such an important motivation factor for girls (6 percent), but more so for boys (12 percent). More girls than boys smoke to curb their appetites (8 percent versus 1 percent). Among girls who reported frequent smoking (smoked several cigarettes or a pack or more in the past week), two-thirds said they smoked to relieve stress, and over half said because they are around people who smoke.[27] (Fig. 13)

Eating Disorders

Eating disorders are disabling illnesses that affect between one to three percent of young women in the United States.[28] The two most common eating disorders among young women are anorexia nervosa, with a prevalence rate of about one percent, and bulimia nervosa, affecting approximately four to 20 percent of all females.[29] Eating disorders often are chronic in nature and, as a result, may require long-term treatment or hospitalization. The medical consequences of anorexia, which include death in about 10 percent of the cases, usually are more severe than bulimia. The earlier these disorders are diagnosed and treated, the better the prospects are for full recovery.

Statistics show 95 percent of those who have eating disorders are women between the ages of 12 and 25. Studies have found that women who have bulimia nervosa are often impulsive and are at high risk for other disorders such as substance abuse. Likewise, many people with eating disorders also appear to have co-occurring depression.[30]

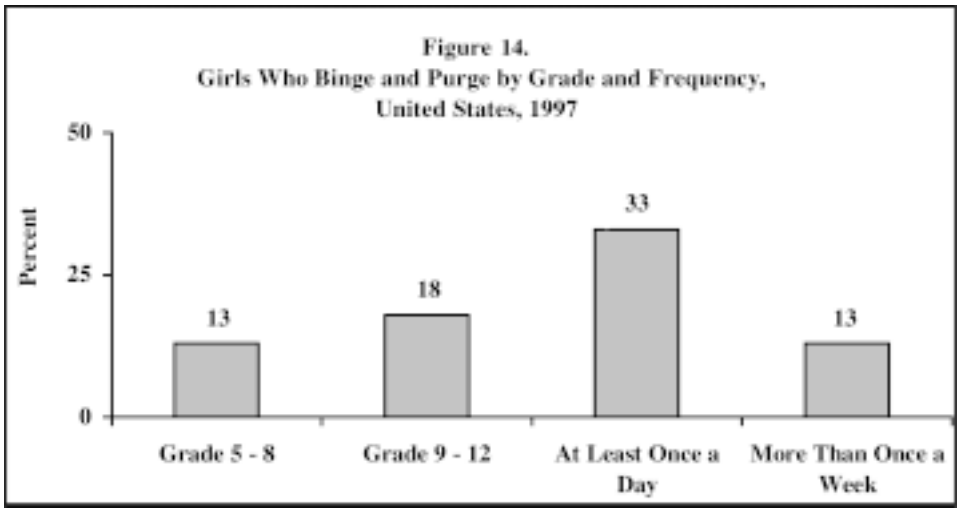
Other eating disorders, though less life-threatening, pose serious health risks for adolescent girls. Dangerous eating patterns such as self-starvation, bingeing and purging, and overeating followed by voluntary vomiting, are not uncommon. These signs of eating disorders were linked to a general preoccupation among girls with their weight and looks.[31] Thirteen percent of young girls (grades five through eight) and 18 percent of older girls (grades nine through twelve) reported having binged and purged. Girls who reported bingeing and purging said they do so frequently; one-third binge and purge at least once a day, and another 13 percent binge and purge more than once a week.[32] (Fig. 14)

Domestic Abuse

Health professionals, especially primary care doctors who have regular contacts with parents and adolescents, have unique

opportunities to uncover violence and abuse that today are often unrealized. Girls indicate a desire to talk with doctors and other health professionals about sensitive topics such as sexual abuse and domestic violence, but these discussions are not taking place. The Commonwealth Fund survey found that while 48 percent of all girls wanted doctors to talk with them about physical or sexual abuse, only 13 percent reported any doctor or health professional had done so. Among abused girls, the rate was higher with 60 percent wanting their doctor to talk to them about abuse, yet only 11 percent reporting their doctor doing so.

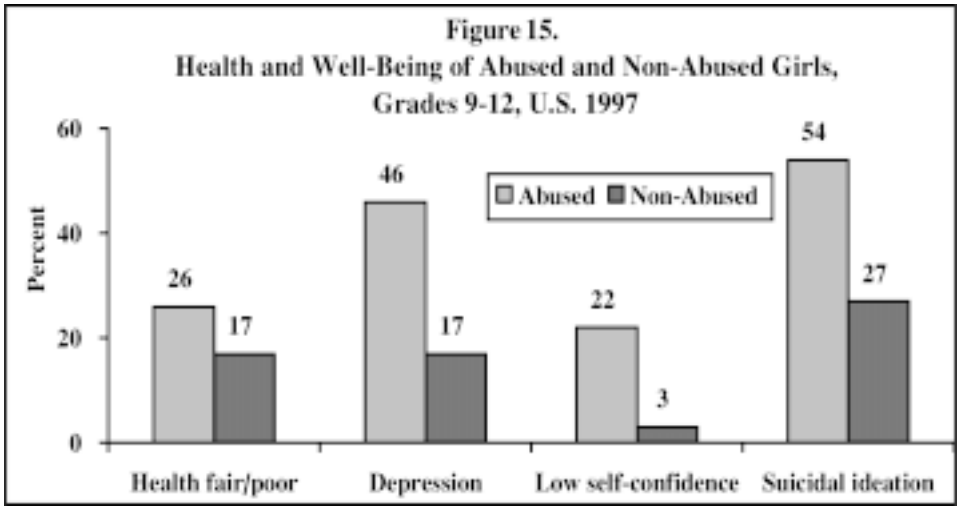
Abused girls are more likely than other girls to engage in health-compromising behaviors, including smoking and other substance use, school failure, teen pregnancy, suicide attempts, and unhealthy weight loss. Girls are more likely to run away from home or try to commit suicide rather than react to abuse at home. Abused girls also suffer disproportionately from poor health, depression and low self-confidence than non-abused girls.[37] (Fig. 15)



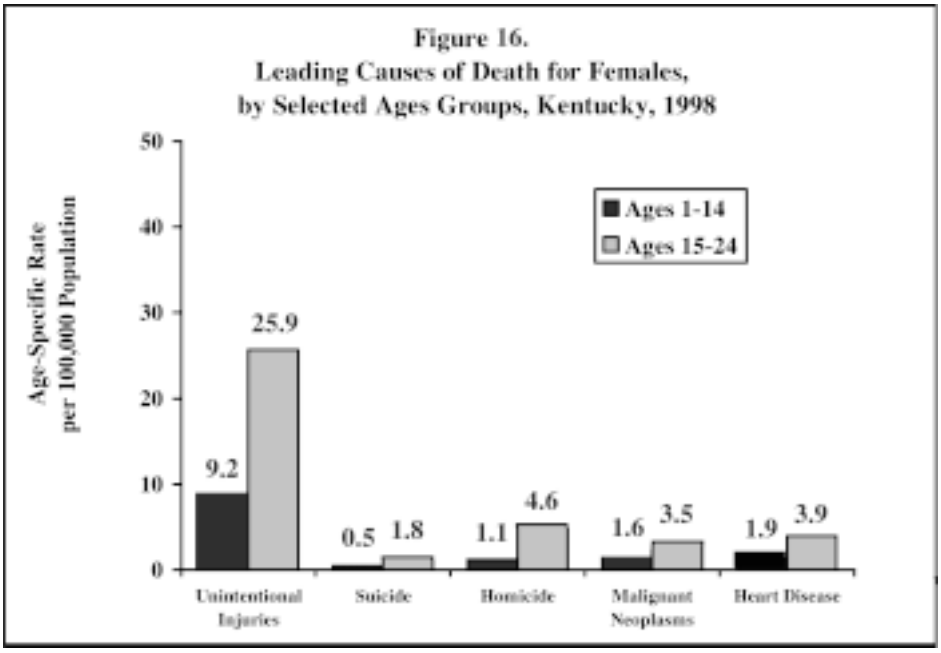
SOURCE: The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997

Mortality

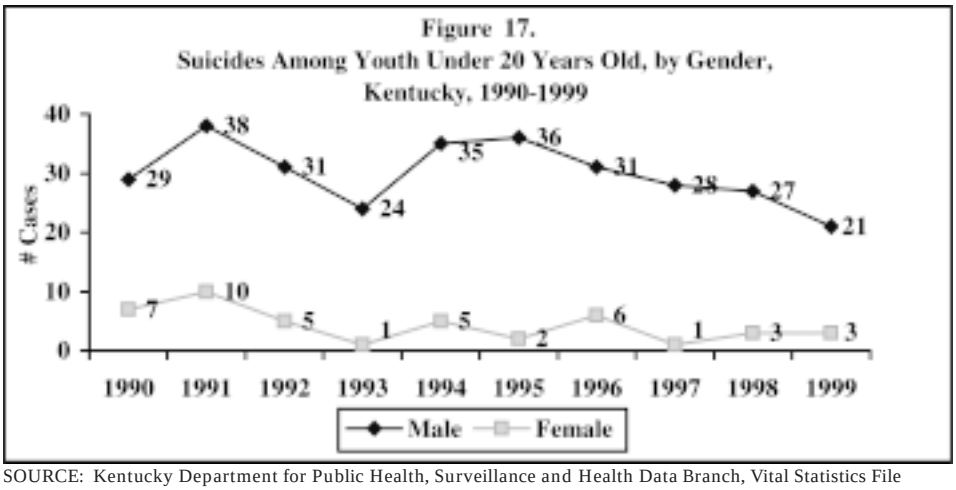
Nationally, four injury-related causes account for nearly 75 percent of all mortality and a great amount of morbidity and social problems among 15-24 year-olds. Motor vehicle crashes cause 29 percent of all deaths among this age group (40 percent of these are alcohol related), homicide causes 20 percent, suicide causes 12 percent, and other injuries (such as falls, fires, and drownings) cause 11 percent.[38] In Kentucky, the five leading causes of death for female youths ages 15 to 24 were unintentional injuries,



SOURCE: The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997



SOURCE: Kentucky Department for Public Health, Surveillance and Health Data Branch, Vital Statistics File



SOURCE: Kentucky Department for Public Health, Surveillance and Health Data Branch, Vital Statistics File

suicide, homicide, malignant neoplasms and heart disease. (Fig. 16)

Behavioral risk factors associated with the leading causes of death (unintentional and intentional injuries) among youth, include seatbelt use, drinking and driving or riding with a drunk driver, carrying a weapon, physical fighting and attempting suicide. Among Kentucky youth in 1999, 20 percent reported rarely or never using safety belts, 30 percent responded that they had ridden with a drinking driver within the past month, and another 30 percent responded they were in a physical fight during the past year.[39]

Seven percent of Kentucky youth surveyed responded that they had attempted suicide during the past year.[40] The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, and aggressive or disruptive behaviors. Other factors are frequent episodes of running away or being incarcerated, family loss or instability, expressions of suicidal thoughts or talk of death or afterlife during moments of sadness or boredom, withdrawal from friends and families, and unplanned pregnancy.[41] Women and girls attempt suicide twice as much as men, yet men complete suicide at a rate four times that of women. Suicide is not just a young person's issue, as suicide rates for males and females peak between the ages of 45-54 years old, and again after age 75.[42]

1999 mortality data for Kentucky indicate there were 24 deaths to youth under 20 as a result of suicide (21 male deaths versus 3 female deaths).[43] (Fig. 17)

NOTES

[1] National Office of Women's Health. http://www.4woman.gov/owh/girl.htm.
[2] U.S. Census 2000 & 1990 Summary File, Produced by the Kentucky Census Data Center.
[3] U.S. Census Bureau, State Rankings.
[4] 1980, 1990, and 2000 Census, Kentucky State Data Center, 5/29/01.
[5] Annie E. Casey Foundation, *2001 KIDS COUNT Data Book Online, Profile for Kentucky*, Internet: http://www.aecf.org.
[6] U.S. Census Bureau, Census 2000.
[7] U.S. Census Bureau, Census 2000.
[8] The Commonwealth Fund – Improving the Health of Adolescent Girls Policy Report of the Commonwealth Fund Commission on Women's Health, January 1999.
[9] Kentucky Department of Education Nonacademic Data 1993 to 2000, Briefing Packet, August 23, 2001.
[10] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000/Vol. 49/No. 27.
[11] The Allen Guttmacher Institute, *Teenage Pregnancy, Overall Trends and State-by-State Information*, April 1999. Internet http://www.agi-usa.org/pubs/teen_preg_stats.htm.
[12] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000/Vol. 49/No. 27.
[13] CDC/Morbidity and Mortality Weekly Report – National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997, July 14, 2000/Vol. 49, No. 27.
[14] Kentucky Cabinet for Health Services, Division of Adult & Child Health, "1999 State Teen Pregnancy Prevention Policies and Programs by State".
[15] *Kentucky Annual Vital Statistics Report, 1999*. Kentucky Department for Public Health, Health Data Surveillance Branch.
[16] Cabinet for Health Services - Adult & Child Health: Teen Pregnancy Update 11/01/00.
[17] The Commonwealth Fund – Improving the Health of Adolescent Girls Policy Report of The Commonwealth Fund Commission on Women's Health, January 1999.
[18] Kentucky Department for Public Health, STD Branch, *Other HPV Viruses*, Internet http://publichealth.state.ky.us/std_infections_page_2.htm.
[19] CDC. http://www.cdc.gov/nccdphp/dash/ahson/foreword.htm.
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[21] CDC, Division of STD Prevention, *Chlamydia in the United States*, April, 2001. Internet: http://www.cdc.gov/nchstp/dstd/Fact_Sheets/chlamydia_facts.htm.
[22] Ibid.
[23] Ibid.
[24] Kentucky STD Project for 2000.
[25] Kentucky STD Project for 2000.
[26] The Commonwealth Fund – Improving the Health of Adolescent Girls Policy Report of The Commonwealth Fund Commission on Women's Health, January 1999.
[27] The Commonwealth Fund – Improving the Health of Adolescent Girls Policy Report of The Commonwealth Fund Commission on Women's Health, January 1999.
[28] National Office of Women's Health. http://www.4woman.gov/owh/girl.htm.
[29] Center for Change web page, *Facts about eating disorders*. http://www.centerforchange.com/articles/facts.html.
[30] CMHS – Publications/Catalog: Eating Disorders (http://www.mentalhealth.org).
[31] The Commonwealth Fund – Improving the Health of Adolescent Girls: Policy Report of the Commonwealth Fund Commission on Women's Health, January 1999.
[32] The Commonwealth Fund – Improving the Health of Adolescent Girls: Policy Report of the Commonwealth Fund Commission on Women's Health, January 1999.
[33] National Institute on Alcohol Abuse and Alcoholism. Ninth special report to the U.S. Congress on Alcohol and Health. Secretary of Health and Human Services. Bethesda, Maryland: National Institutes of Health (NIH Publication No. 97-4017), June 1997.
[34] CDC – YBRFSS Risk Behaviors on Adolescent Health, Kentucky Profile, 1999.
[35] CDC – YBRFSS Risk Behaviors on Adolescent Health – Alcohol Use, 2000.
[36] 1999 NHSDA Report: Pregnancy and Illicit Drug Use July 13, 2001.
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[41] American Psychiatric Association on Teen Suicide (http://www.psych.org/public_info/teen.cfm).
[42] American Foundation for Suicide Prevention, *Women and Suicide*, http://www.afsp.org/about/NEWWOMEN.htm.
[43] Kentucky Department for Public Health, Health Data and Surveillance Branch, 1999 Vital Statistics Data.